STATEMENT OF

FORM 1	ORGANIZ (See instructi			Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, typ over the lines	e 12FE4M5	
IMPACT				
ADDRESS (number and s	street) 60 East 42nd Street	·		
(Check if address X is changed)	Suite 437			
	New York		NY	10165
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	IMPACT.PAC@gma	iil.com		
		11111111		11111111
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL)			
 DATE 0.2 FEC IDENTIFICA IS THIS STATEM 	24 2011 TION NUMBER	C C00348607	A)	
				_
I certify that I have exami	ned this Statement and to the best of my kr	nowledge and belief it is true, cor	rect and complete	
Type or Print Name of	Treasurer David A. Barret	t		
Signature of Treasurer	Electronically Filed by David A.	Barrett	Date 02	7 24 7 2011
NOTE: Submission of fal	se, erroneous, or incomplete information m	ay subject the person signing th	·	
Office Use Only		For further inform Federal Election Co Toll Free 800-424-5	ommission 9530	FEC FORM 1 (Revised 02/2009)